

THERAPEUTIC YOUTH GROUP HOMES

Parent Company: ALTERNATIVE YOUTH ADVENTURES (YOUTH DYNAMICS INC) **Phone:** (406) 245-3239
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

Facility Name: JOURNEY BOYS THERAPEUTIC GROUP HOME **Facility Phone Number:** (406) 225-4600
First Name: ANTHONY **Last Name:** ZUFELT **Title:** LEAD PROGRAM MANAGER
Contact: ANTHONY **Last Name:** ZUFELT **Title:** LEAD PROGRAM MANAGER
Address: 105 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 12-18 **Gender:** MALE
Facility License Number: 8382-007 **Expires:** 07/31/2007 **Licensing Specialist:** 8382-007

Parent Company: ALTERNATIVE YOUTH ADVENTURES (YOUTH DYNAMICS INC) **Phone:** (406) 245-3239
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

Facility Name: JOURNEY GIRLS THERAPEUTIC GROUP HOME **Facility Phone Number:** (406) 225-4600
First Name: ANTHONY **Last Name:** ZUFELT **Title:** LEAD PROGRAM MANAGER
Contact: ANTHONY **Last Name:** ZUFELT **Title:** CONTACT
Address: 150 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 12-18 **Gender:** FEMALES
Facility License Number: 8382-008 **Expires:** 07/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

Facility Name: ALPINE GROUP HOME FOR BOYS **Facility Phone Number:** (406) 727-5633
First Name: JERALD **Last Name:** PALMER **Title:** DIRECTOR
Contact: CARLY **Last Name:** HEISHMAN **Title:** CONTACT
Address: 1117 ADOBE DRIVE GREAT FALLS MT 59405-3554 **Region:** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 5 **Age Group:** (8-18) **Gender:** MALES
Facility License Number: 7276-006 **Expires:** 06/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: BLACKTAIL LOOP YOUTH GROUP HOME **Facility Phone Number:** (406) 494-1772
First Name: TERRIE **Last Name:** WALDORF **Title:** COMMUNITY DIRECTOR
Contact: TERRIE **Last Name:** WALDORF **Title:** COMMUNITY DIRECTOR
Address: 4000 BLACKTAIL LOOP BUTTE MT 59701-7141 **Region:** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7276-009 **Expires:** 12/31/2006 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: CHURCH HOUSE GROUP HOME **Facility Phone Number:** (406) 586-4308
First Name: JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR
Contact: JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR
Address: 1707 S. CHURCH AVENUE BOZEMAN MT 59715-5811 **Region:** GALLATIN
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 576-018 **Expires:** 04/30/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: CLARK FORK HOME **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1354 LIGHTHOUSE LANE DEER LODGE MT 59722-9600 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 3 **Age Group:** (10-18) **Gender:** FEMALES
Facility License Number: 7276-043 **Expires:** 03/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 118 E 7TH ST ANACONDA MT 59711 **800 #:**
Facility Name: CONSTITUTION YOUTH GROUP HOME **Facility Phone Number:** (406) 252-2501
First Name: WALLACE **Last Name:** SUTTER **Title:** MANAGER
Contact: **Last Name:** **Title:**
Address: 547 CONSTITUTION AVE BILLINGS MT 59101- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** 10 TO 18 **Gender:** MALES
Facility License Number: 007276-047 **Expires:** 10/12/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: ERNEST STREET GROUP HOME **Facility Phone Number:** (406) 542-2178
First Name: BRETT **Last Name:** GILLES **Title:** DIRECTOR
Contact: JENNIFER **Last Name:** WOHLBERG **Title:** CONTACT
Address: 1709 ERNEST STREET MISSOULA MT 59801-8309 **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (10-18) **Gender:** FEMALE
Facility License Number: 7276-021 **Expires:** 03/31/2007 **Licensing Specialist:** MARTI CRAGO

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: GILBERT AVENUE **Facility Phone Number:** (406) 251-8131
First Name: PAUL **Last Name:** COURTEAU **Title:** REGIONAL DIRECTOR
Contact: REID **Last Name:** MANNIELLO **Title:** MANAGER
Address: 2811 GILBERT AVENUE MISSOULA MT 59801-3201 **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7276-002 **Expires:** 03/31/2007 **Licensing Specialist:** MARTI CRAGO

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: GOLD CREEK GROUP HOME **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1347 COTTAGE CIRCLE DEER LODGE MT 59722-9600 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7276-032 **Expires:** 03/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: LOST CREEK YOUTH GROUP HOME **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1346 COTTAGE CIRCLE DEER LODGE MT 59722-9600 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7576-023 **Expires:** 03/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: MISSION TRAIL HOME **Facility Phone Number:** (406) 756-1073
First Name: CONNIE **Last Name:** VANFRACHEN **Title:** DIRECTOR
Contact: ANDREA **Last Name:** KNOX **Title:** PROGRAM MANAGER
Address: 2167 MISSION TRAIL RD KALISPELL MT 59901-2242 **Region:** FLATHEAD
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (8-18) **Gender:** MALES
Facility License Number: 7276-025 **Expires:** 04/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: MOUNT HAGIN **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1345 COTTAGE CIRCLE DEER LODGE MT 59722- **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 3 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7276-030 **Expires:** 03/31/2007 **Licensing Specialist:** BRIDGETT PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: MOUNT POWELL **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1362 GALEN STREET DEER LODGE MT 59722-9603 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7276-036 **Expires:** 03/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: PINSKI HOUSE GIRLS **Facility Phone Number:** (406) 268-1985
First Name: JERALD **Last Name:** PALMER **Title:** DIRECTOR
Contact: CARLY **Last Name:** HEISHMAN **Title:** CONTACT
Address: 2026 9TH AVENUE SOUTH GREAT FALLS MT 59405-2737 **Region:** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** (8-18) **Gender:** FEMALES
Facility License Number: 7276-005 **Expires:** 06/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: PINTLAR HOME **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1318 GALEN STREET DEER LODGE MT 59722-9607 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7276-022 **Expires:** 03/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: PORPHYRY YOUTH GROUP HOME **Facility Phone Number:** (406) 434-1772
First Name: LARRY **Last Name:** NOONAN **Title:** DIRECTOR
Contact: TERRI **Last Name:** WALDORF **Title:** FACILITY DIRECTOR
Address: 1243 W PORPHYRY AVE BUTTE MT 59701-2129 **Region:** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** (10-18) **Gender:** FEMALES
Facility License Number: 7276-004 **Expires:** 12/31/2006 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: ROUSE STREET HOME **Facility Phone Number:** (406) 582-8441
First Name: JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR
Contact: JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR
Address: 1808 S. ROUSE AVENUE BOZEMAN MT 59715-5761 **Region:** GALLATIN
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7276-017 **Expires:** 04/30/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: SAMPSON YOUTH GROUP HOME **Facility Phone Number:** (406) 494-1772
First Name: TERRIE **Last Name:** WALDORF **Title:** COMMUNITY DIRECTOR
Contact: TERRIE **Last Name:** WALDORF **Title:** COMMUNITY DIRECTOR
Address: 712 SAMPSON STREET BUTTE MT 59701-3203 **Region:** SILVER BOW
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7276-007 **Expires:** 12/31/2006 **Licensing Specialist:** BRIDGET PARKER

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: SKYVIEW YOUTH GROUP HOME **Facility Phone Number:** (406) 237-7851
First Name: PAUL **Last Name:** COURTEAU **Title:** DIRECTOR
Contact: HERB **Last Name:** TIPTON **Title:** MANAGER
Address: 2904 BANCROFT MISSOULA MT 59801-8029 **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (10-18) **Gender:** MALES
Facility License Number: 7276-003 **Expires:** 03/31/2007 **Licensing Specialist:** MARTI CRAGO

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E.PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: STEPHEN'S HOME **Facility Phone Number:** (406) 728-6815
First Name: PAUL **Last Name:** COURTEAU **Title:** DIRECTOR
Contact: SANDY **Last Name:** CUMMINS **Title:** MANAGER
Address: 600 STEPHENS AVENUE MISSOULA MT 59801-3812 **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (10 -18) **Gender:** FEMALES
Facility License Number: 7276-001 **Expires:** 03/31/2007 **Licensing Specialist:** MARTI CRAGO

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: SUSSEX HOME **Facility Phone Number:** (406) 756-1072
First Name: CONNIE **Last Name:** VANFRACHEN **Title:** DIRECTOR
Contact: HOLLY **Last Name:** HOFFENBACHER **Title:** PROGRAM MANAGER
Address: 74 SUSSEX DRIVE KALISPELL MT 59901-2731 **Region:** FLATHEAD
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (8-18) **Gender:** MALES
Facility License Number: 7576-024 **Expires:** 04/30/2007 **Licensing Specialist:** JAN SCHNIDELE

Parent Company: AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: WASHOE HOUSE **Facility Phone Number:** (406) 693-7620
First Name: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Contact: TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR
Address: 1321 GALEN STREET DEER LODGE MT 59722-9607 **Region:** POWELL
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** (10-18) **Gender:** FEMALES
Facility License Number: 7576-026 **Expires:** 03/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: EXCEL INCORPORATED **Phone:** (406) 254-2397
Director Name: CALVIN MANN **Title:** DIRECTOR OF
Parent Address: 1348 MAIN SUITE 201 BILLINGS MT 59105 **800 #:**
Facility Name: EAST GROUP HOME **Facility Phone Number:** (406) 254-9877
First Name: PATRICK **Last Name:** GALAHAN **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 1348 1/2 MAIN STREET BILLINGS MT 59105-1722 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 12 TO 18 **Gender:** MALES
Facility License Number: 20218-002 **Expires:** 03/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: EXCEL INCORPORATED **Phone:** (406) 254-2397
Director Name: CALVIN MANN **Title:** DIRECTOR OF
Parent Address: 1348 MAIN SUITE 201 BILLINGS MT 59105 **800 #:**
Facility Name: WEST GROUP HOME **Facility Phone Number:** (406) 254-2397
First Name: GWEN **Last Name:** SCLUM **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 1816 10TH ST WEST BILLINGS MT 59102-3314 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 11 TO 18 **Gender:** MALES
Facility License Number: 20218-001 **Expires:** 03/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: FLORENCE CRITTENTON HOME **Phone:** (406) 442-6950
Director Name: PAM PONICH **Title:** CO INTERIM DIRECTOR
Parent Address: 901 N. HARRIS STREET HELENA MT 59601-3000 **800 #:**
Facility Name: FLORENCE CRITTENTON HOME **Facility Phone Number:** (406) 442-6950
First Name: PAM **Last Name:** PONICH **Title:** CO INTERIM DIRECTOR
Contact: BARB **Last Name:** BURTON **Title:** CO INTERIM DIRECTOR
Address: 901 NORTH HARRIS STREET HELENA MT 59601-3000 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** (12-18) **Gender:** FEMALES
Facility License Number: 1236-001 **Expires:** 03/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: INTERMOUNTAIN CHILDRESN HOME & SERVICES **Phone:** (406) 442-7949
Director Name: SPRING FITZGERALD **Title:** COMPLIANCE MANAGER
Parent Address: 500 S LAMBORN HELENA MT 59601-5417 **800 #:**
Facility Name: BETA COTTAGE **Facility Phone Number:**
First Name: TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR
Contact: **Last Name:** **Title:**
Address: 500 S LAMBORN HELENA MT 50601-5417 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 4 TO 14 **Gender:** MALE AND FEMALE
Facility License Number: 7148-005 **Expires:** 01/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: INTERMOUNTAIN CHILDREN'S HOME & SERVICES **Phone:** (406) 442-7949
Director Name: SPRING FITZGERALD **Title:** COMPLIANCE MANAGER
Parent Address: 500 S LAMBORN HELENA MT 596015417 **800 #:**
Facility Name: BRIDGER COTTAGE **Facility Phone Number:**
First Name: TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR
Contact: **Last Name:** **Title:**
Address: 500 LAMBORN STREET HELENA MT 59601-5417 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 4 TO 14 **Gender:** MALE AND FEMALE
Facility License Number: 7148-002 **Expires:** 01/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: INTERMOUNTAIN CHILDREN'S HOME & SERVICES **Phone:** (406) 442-7949
Director Name: SPRING FITZGERALD **Title:** COMPLIANCE MANAGER
Parent Address: 500 S LAMBORN HELENA MT 596015417 **800 #:**
Facility Name: GLACIER COTTAGE **Facility Phone Number:**
First Name: TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR
Contact: **Last Name:** **Title:**
Address: 500 S LAMBORN HELENA MT 59601-5417 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 4 TO 14 **Gender:** MALE AND FEMALE
Facility License Number: 7148-004 **Expires:** 01/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: INTERMOUNTAIN CHILDREN'S HOME & SERVICES **Phone:** (406) 442-7949
Director Name: SPRING FITZGERALD **Title:** COMPLIANCE MANAGER
Parent Address: 500 S LAMBORN HELENA MT 596015417 **800 #:**
Facility Name: MCTAGGART COTTAGE **Facility Phone Number:**
First Name: TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR
Contact: **Last Name:** **Title:**
Address: 500 S LAMBORN HELENA MT 59601-5417 **Region:** LEWIS & CLARK
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 4 TO 14 **Gender:** MALE AND FEMALE
Facility License Number: 7148-003 **Expires:** 01/31/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: KAIROS YOUTH SERVICES INCORPORATED **Phone:** (406) 727-0076
Director Name: JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**
Facility Name: PORTAGE PLACE YOUTH HOME **Facility Phone Number:** (406) 771-7774
First Name: MICHAEL **Last Name:** KEY **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 4513 7TH AVE N GREAT FALLS MT 59404-3620 **Region:** CASCADE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** 10 TO 18 **Gender:** MALE OR FEMALE
Facility License Number: 6142-003 **Expires:** 09/30/2007 **Licensing Specialist:** JAN SCHINDELE

Parent Company: MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
Director Name: JUDITH HERZOG **Title:** DIRECTOR
Parent Address: 2048 OVERLAND AVE SUITE BILLINGS MT 59102-6214 **800 #:**
Facility Name: CUSTER **Facility Phone Number:** (406) 656-5976
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 732 CUSTER AVE BILLINGS MT 59101- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** 6 TO 14 **Gender:** MALE
Facility License Number: 012617-007 **Expires:** 09/11/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
Director Name: JUDITH HERZOG **Title:** DIRECTOR
Parent Address: 2048 OVERLAND AVE SUITE BILLINGS MT 59102-6214 **800 #:**
Facility Name: MILES AVENUE **Facility Phone Number:** (406) 656-5976
First Name: ROSS **Last Name:** DAVIDSON **Title:** MANAGER
Contact: **Last Name:** **Title:**
Address: 1433 MILES AVE BILLINGS MT 59102-5257 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** 5 TO 18 **Gender:** MALES
Facility License Number: 12617-005 **Expires:** 01/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976
Director Name: JUDITH HERZOG **Title:** DIRECTOR
Parent Address: 2048 OVERLAND AVE SUITE BILLINGS MT 59102-6214 **800 #:**
Facility Name: PARKHILL **Facility Phone Number:** (406) 252-3555
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 1917 18TH ST WEST BILLINGS MT 59102-2914 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** 5-14 **Gender:** MALES
Facility License Number: 12617-006 **Expires:** 08/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**
Facility Name: UNIT 1 **Facility Phone Number:** (406) 254-1020
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 301 COBURN RD BILLINGS MT 59101-6428 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 10 **Age Group:** 10 TO 17 **Gender:** MALES
Facility License Number: 8195-001 **Expires:** 10/31/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**
Facility Name: UNIT 2 **Facility Phone Number:** (406) 254-1020
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 301 COBURN RD BILLINGS MT 59101-6428 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 10 TO 17 **Gender:** MALES
Facility License Number: 8195-002 **Expires:** 10/31/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**
Facility Name: UNIT 3 **Facility Phone Number:** (406) 656-2985
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 5351 KING AVE W BILLINGS MT 59106-2821 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 10 TO 17 **Gender:** FEMALES
Facility License Number: 8195-003 **Expires:** 10/31/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: NEW DAY **Phone:** (406) 656-2985
Director Name: VERNON MUMMY **Title:** DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**
Facility Name: UNIT 4 **Facility Phone Number:** (406) 656-2985
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 5351 KIN AVE W BILLINGS MT 59106-2821 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 10 TO 17 **Gender:** FEMALES
Facility License Number: 8195-004 **Expires:** 10/31/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: NEW DIRECTIONS **Phone:** (406) 563-6733
Director Name: CRAIG LITTLEFIELD **Title:** DIRECTOR
Parent Address: 502 CHERRY ST ANACONDA MT 59711 **800 #:**
Facility Name: NEW DIRECTIONS **Facility Phone Number:**
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 502 CHERRY ST ANACONDA MT 59711- **Region:** DEER LODGE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 2 **Age Group:** 4 TO 12 **Gender:** MALE & FEMALE
Facility License Number: 34373-001 **Expires:** 04/30/2007 **Licensing Specialist:** BRIDGET PARKER

Parent Company: NORTHERN MONTANA YOUTH RANCH **Phone:** (406) 674-5572
Director Name: CHAD GROTT **Title:** DIRECTOR
Parent Address: PO BOX 27 WHITEWATER MT 59544-0027 **800 #:**

Facility Name: EASTSIDE DUPLEX

Facility Phone Number:

First Name: **Last Name:** **Title:**

Contact: **Last Name:** **Title:**

Address: 10 MILES SE OF WHITEWATER WHITEWATER MT 53544-0027 **Region:** PHILLIPS

Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH

Number of Residents: 8 **Age Group:** 12 TO 18 **Gender:** MALES

Facility License Number: 7314-002 **Expires:** 05/15/2007 **Licensing Specialist:** JACKIE STOECKEL

Parent Company: PARTNERSHIP FOR CHILDREN

Phone: (406) 721-2704

Director Name: GEOFF BIRNBAUM

Title: EXECUTIVE DIRECTOR

Parent Address: PO BOX 8134 MISSOULA MT 59804

800 #:

Facility Name: ROSEMARY GALLAGHER CHILDREN'S HOME

Facility Phone Number: (406) 829-3499

First Name: LOREE **Last Name:** WEST **Title:** PROGRAM MANAGER

Contact: LOREE **Last Name:** WEST **Title:** PROGRAM MANAGER

Address: 2823 SOUTH THIRD WEST MISSOULA MT 59804- **Region:** MISSOULA

Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH

Number of Residents: 6 **Age Group:** 4-14 **Gender:** MALE OR FEMALE

Facility License Number: 22696-002 **Expires:** 01/31/2006 **Licensing Specialist:** MARTI CRAGO

Parent Company: PARTNERSHIP FOR CHILDREN

Phone: (406) 721-2704

Director Name: GEOFF BIRNBAUM

Title: EXECUTIVE DIRECTOR

Parent Address: PO BOX 8134 MISSOULA MT 59804

800 #:

Facility Name: SHERRY MAHONE FRANCETICH CHILDRENS HOME

Facility Phone Number:

(406) 829-6651

First Name: LOREE **Last Name:** WEST **Title:** MANAGER

Contact: LOREE **Last Name:** WEST **Title:** CONTACT

Address: 3233 SOUTH 3RD WEST MISSOULA MT 59804- **Region:** MISSOULA

Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH

Number of Residents: 6 **Age Group:** 4-13 **Gender:** MALE OR FEMALE

Facility License Number: 22696-003 **Expires:** 04/30/2007 **Licensing Specialist:** MARTI CRAGO

Parent Company: WESTERN MONTANA MENTAL HEALTH

Phone: (406) 728-6870

Director Name: PAUL MEYER

Title: EXECUTIVE DIRECTOR

Parent Address: 420 WINDWARD WAY KALISPELL MT 59901

800 #:

Facility Name: SINOPAH HOUSE

Facility Phone Number: (406) 257-5194

First Name: PAUL **Last Name:** MEYER **Title:** EXECUTIVE DIRECTOR

Contact: SHEILA **Last Name:** SMITH **Title:** FACILITY DIRECTOR

Address: BUILDING T-9 FORT MISSOULA MISSOULA MT 59804- **Region:** FLATHEAD

Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH

Number of Residents: 9 **Age Group:** 11-18 **Gender:** FEMALE

Facility License Number: 10297-002 **Expires:** 10/31/2006 **Licensing Specialist:** JAN SCHINDELE

Parent Company: YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128
Director Name: SALLY VENARD **Title:** DIRECTOR
Parent Address: 1732 S 72ND STREET BILLINGS MT 59106 **800 #:** (406) 651-3128
Facility Name: DENNIS WEAR GROUP HOME **Facility Phone Number:** (406) 652-5475
First Name: SALLY **Last Name:** VENARD **Title:** Director of Community Homes
Contact: CORDA **Last Name:** CLARIN **Title:** FACILITY MANAGER
Address: 314 36TH STREET WEST BILLINGS MT 59102-4318 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 10-18 **Gender:** FEMALE
Facility License Number: 8216-001 **Expires:** 05/31/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128
Director Name: SALLY VENARD **Title:** DIRECTOR
Parent Address: 1732 S 72ND STREET BILLINGS MT 59106 **800 #:**
Facility Name: KING COMMUNITY GROUP HOME **Facility Phone Number:** (406) 652-7140
First Name: SALLY **Last Name:** VENARD **Title:** Director of Community Homes
Contact: SALLY **Last Name:** VENARD **Title:** CONTACT
Address: 2115 CANYON BILLINGS MT 59102-2102 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 12-18 **Gender:** MALES
Facility License Number: 8216-002 **Expires:** 05/31/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128
Director Name: SALLY VENARD **Title:** DIRECTOR
Parent Address: 1732 S 72ND STREET BILLINGS MT 59106 **800 #:**
Facility Name: LEWISTOWN GROUP HOME **Facility Phone Number:** (406) 538-9808
First Name: SALLY **Last Name:** VENARD **Title:** Director of Community Homes
Contact: JEANETTE **Last Name:** RECTOR **Title:** FACILITY DIRECTOR
Address: RR 2 BOX 2364 LEWISTOWN MT 59457-9633 **Region:** FERGUS
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 7 **Age Group:** 7-18 **Gender:** MALE
Facility License Number: 8216-005 **Expires:** 10/31/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128
Director Name: SALLY VENARD **Title:** DIRECTOR
Parent Address: 1732 S 72ND STREET BILLINGS MT 59106 **800 #:**
Facility Name: TRANSITION GROUP HOME **Facility Phone Number:** (406) 655-2790
First Name: SALLY **Last Name:** VENARD **Title:** Director of Community Homes
Contact: JAMIE **Last Name:** CHRISTIANSEN **Title:** MANAGER
Address: 1732 S 72ND STREET W BILLINGS MT 59101-3538 **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 12-18 **Gender:** MALES
Facility License Number: 8216-004 **Expires:** 08/31/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: YOUTH DYNAMICS INCORPORATED **Phone:** (406) 245-3239
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**
Facility Name: BIG SKY YOUTH HOME **Facility Phone Number:** (406) 586-2566
First Name: JUDY **Last Name:** KEARNS **Title:** PROGRAM MANAGER
Contact: JUDY **Last Name:** KEARNS **Title:** PROGRAM MANAGER
Address: 3025 WESTRIDGE DRIVE BOZEMAN MT 59715-6166 **Region:** GALLATIN
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 8 **Age Group:** 11-18 **Gender:** MALE & FEMALE
Facility License Number: 8382-004 **Expires:** 12/31/2006 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: YOUTH DYNAMICS INCORPORATED **Phone:** (406) 245-3239
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**
Facility Name: RIMVIEW GROUP HOME **Facility Phone Number:** (406) 252-7707
First Name: PEGGY **Last Name:** MURCH **Title:** PROGRAM DIRECTOR
Contact: PEGGY **Last Name:** MURCH **Title:** PROGRAM DIRECTOR
Address: 159 NORRIS COURT SOUTH BILLINGS MT 59105- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** 11-18 **Gender:** MALE & FEMALE
Facility License Number: 8382-006 **Expires:** 04/30/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: YOUTH DYNAMICS INCORPORATED **Phone:** (406) 245-3239
Director Name: PETER DEGEL **Title:** EXECUTIVE DIRECTOR
Parent Address: 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**
Facility Name: S.T.A.R. THERAPUTIC YOUTH GROUP HOME **Facility Phone Number:** (406) 259-2132
First Name: MIKEL **Last Name:** WOLF **Title:** FACILITY MANAGER
Contact: MIKEL **Last Name:** WOLF **Title:** FACILITY MANAGER
Address: 902 NORTH 30TH STREET BILLINGS MT 59101- **Region:** YELLOWSTONE
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 6 **Age Group:** 11-18 **Gender:** MALE & FEMALE
Facility License Number: 8382-002 **Expires:** 06/30/2007 **Licensing Specialist:** LARRY SHENEMAN

Parent Company: YOUTH HOMES **Phone:** (406) 721-2704
Director Name: GEOFFREY BIRNBAUM **Title:** DIRECTOR
Parent Address: PO BOX 7616 MISSOULA MT 59807-7616 **800 #:**
Facility Name: DENNIS RADTKE TREATMENT HOME **Facility Phone Number:** (406) 251-8498
First Name: ADAM **Last Name:** LUNDGREN **Title:** PROGRAM DIRECTOR
Contact: CRAIG **Last Name:** KRUEGER **Title:** PARENT COMPANY CONTACT
Address: 3218 HELENA DRIVE MISSOULA MT 59803- **Region:** MISSOULA
Facility Type: THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH
Number of Residents: 4 **Age Group:** 12-18 **Gender:** MALES
Facility License Number: 7001-008 **Expires:** 06/30/2007 **Licensing Specialist:** MARTI CRAGO

Parent Company: YOUTH HOMES

Director Name: GEOFFREY

BIRNBAUM

Phone: (406) 721-2704

Title: DIRECTOR

Parent Address: PO BOX 7616

MISSOULA MT 59807-7616

800 #:

Facility Name: SUSAN TALBOT HOME

Facility Phone Number: (406) 543-8597

First Name: SHAWN

Last Name: GRAY

Title: PROGRAM DIRECTOR

Contact: CRAIG

Last Name: KRUEGER

Title: PARENT COMPANY CONTACT

Address: 815 TOWER STREET

MISSOULA MT 59804-1933

Region: MISSOULA

Facility Type: THERAPEUTIC YOUTH GROUP HOME

Code: TYGH

Number of Residents: 4

Age Group: 12-18

Gender: FEMALE

Facility License Number: 7001-002

Expires: 04/30/2007

Licensing Specialist: MARTI CRAGO

Parent Company: YOUTH HOMES

Phone: (406) 721-2704

Director Name: GEOFFREY

BIRNBAUM

Title: DIRECTOR

Parent Address: PO BOX 7616

MISSOULA MT 59807-7616

800 #:

Facility Name: SUSAN TALBOT HOME FOR BOYS & GIRLS

Facility Phone Number: (406) 251-6836

First Name: SHAWN

Last Name: GRAY

Title: PROGRAM DIRECTOR

Contact: CRAIG

Last Name: KRUEGER

Title: PARENT COMPANY CONTACT

Address: 2105 42ND STREET

MISSOULA MT 59803-1120

Region: MISSOULA

Facility Type: THERAPEUTIC YOUTH GROUP HOME

Code: TYGH

Number of Residents: 6

Age Group: 11-16

Gender: MALE & FEMALE

Facility License Number: 7001-001

Expires: 04/30/2007

Licensing Specialist: MARTI CRAGO
